Draft Report and Recommendations June 1, 2015

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Commission for Children and Families Welcome Centers Workgroup Report

Need for action.

Two months ago, an article in the L.A.Times brought to the attention of the Commission for Children and Families the continuing, pressing needs of children and youth awaiting placement at both the Children's Welcome Center and the Youth Welcome Center. The current situation is unacceptable for children already traumatized by abuse and neglect. We believe that the time has come to take bold steps to solve what is a complex problem, steps that will move us away from institutionalizing what are essentially holding facilities and toward emergency placements that are part of a trauma-informed continuum of care. No single solution will work; there are multiple complex problems, each of which is difficult, but not impossible, to solve. Solutions for youth in the YWC, most of whom are teens who have to be re-placed, will be different from those required for young children, most of whom are first time detainees. Tackling multiple complex problems simultaneously requires a comprehensive plan and the investment of the resources necessary to implement it.

The convening of the Blue Ribbon Commission and the formation of the Office of Child Protection demonstrate that the county has the will to find better solutions for all of the children in our care. The OCP is currently engaging the Los Angeles County community in developing its joint strategic plan, along dimensions of prevention, safety, permanency, and well-being. In this context, we suggest that now is the time to turn our best thinking to the protection, safety, and well-being of the children and youth moving through the Welcome Centers.

Background.

The county has struggled for years with the problems surrounding emergency shelter placements for children who are detained for the first time and for those who are being replaced, attempting one solution after another. Despite multiple efforts of many individuals, overstays and inadequate, crowded quarters that cannot provide needed services continue to exist. The closure of MacLaren Children's Center in 2003 resulted in one or another version of the 23-hour assessment center approach. While some counties have used this model successfully, in Los Angeles County, it led to children waiting for placement or shelter, first in the offices of their CSWs, and then at the Command Post. Both alternatives were ultimately deemed unsatisfactory, and the Welcome Centers developed as a hoped-for better solution, again with the idea that stays would not be longer than 23 hours. The current reality is that children and youth, many of whom have serious mental health problems, often have stays longer than 24 hours and up to one week, and must be transported to regional offices each day while workers seek placements for them. All too frequently, if no placement has been found, the child or youth must return to the Welcome Center for another night, sometimes repeating this pattern for one or more additional days and nights. The psychological effects on children aside, the feasibility of having CSWs who must locate and interview relatives, run background checks, and locate foster homes, and also transport children back and forth between Welcome Centers and regional offices, is questionable at best.

In response to this problematic situation, the county has applied for the Centers to be licensed as emergency shelter care providers, allowing 72-hour stays for children and youth. The Centers were not constructed as shelters and will require the addition of appropriate bathroom and dormitory spaces and other changes to the physical spaces. It is not clear how necessary additional services and skilled staff are to be incorporated. The transformation of these facilities into what might be a more adequate, but still temporary fix, while well-intended, does not address the underlying problems which we spell out below. We believe that it will be a fleetingly effective solution, as the need for shelter is likely to grow if causative dimensions are not addressed. A further cautionary note is that the state has indicated in California's Child Welfare Continuum of Care Reform

Recommendation 7A that county shelters will not be allowed and will be phased out.

Children and youth at the Welcome Centers: two traumatized populations with important developmental needs and vulnerabilities. Advances in neuroscience in the last decade make clear that experiences of early life stress (ELS) or early childhood adversity (ACE) such as abuse, neglect, parental absence, loss, or rejection, overwhelm a child's developing psychobiological resources. Research amply demonstrates that these experiences have negative and potentially life-long effects on brain function and development, as well as on overall psychosocial development. There are identified "sensitive periods" for the development of specific capacities during both childhood and adolescence. (For example, the period from 6-12 months, critical for development of the highly important orbito-frontal cortex, depends on repeated and frequent face-to-face positive interactions with the caregiver. Effects of prolonged or repeated negative arousal activate the stress hormones, flooding the infant's psychobiological state.) It is important to note that 22% of children entering the Welcome Centers during the first quarter were between ages 0-5.

Like the first five years, adolescence is also a critical time for brain development and psychosocial development. During this period, youth are especially sensitive to environmental cues and there is great neural plasticity, a combination that means that the environmental surround and the available opportunities and interventions can have a lasting neurobiological value. Just as exposure to stressful events (abuse, neglect, placement failures) can alter the brain and stress response system, as in the example of PTSD, so too can positive events in the form of interventions or changes in the environment "rewire" the brain in a short period of time.

Our interventions at a critical moment—and detention for the first time, or for the second, third, or fourth time is a critical moment—represent an opportunity as well as a crisis. What we, as the "corporate parent," provide (or fail to provide) at those moments can have determining effects for the child or youth's long-term development and success in life.

Who is at the Welcome Centers? The Welcome Centers house distinctly different populations, and within these, there are also important distinctions. (Statistics based on January-March, 2015.)

1. Childrens' Welcome Center(CWC)

- a. Children aged 0-11
- b. In first quarter, 199 infants aged 0-2 entered CWC
- c. 70% new detentions
- d. 10% of new detentions identified as having mental health issues
- e. 90% of re-placements identified as having mental health issues
- f. 22% of all children and youth during first quarter were under age 5

2. Youth Welcome Center (YWC)

- a. Children and youth aged 12-21
- b. 15% new detentions (85% re-placements)
- c. 15% of new detentions identified as having mental health issues
- d. 85% of re-placements identified as having mental health issues
- e. 44% of total children and youth during first quarter were between 14 and 18

3. At both centers:

- a. Overstays can be 72 hours or as long as one week
- b. Children and youth can be sheltered and fed, and mental health needs identified, but children do not receive mental health services they may need, at a time of great stress. Crisis intervention services are not available.

Barriers to placement.

- 1. Insufficient number of foster homes available for very young children and for older youth.
- 2. Insufficient number of Emergency Shelter Care (ESC) beds available, especially for very young children.

3. Severe mental health needs of children and youth, and lack of supports to enable foster caregivers to manage in these situations

Obstacles to recruitment and retention of foster homes.

- Visitation requirements. Foster caregivers are required to transport children a
 sometimes prohibitive amount of court-ordered visitation with parents, siblings
 or family of child, particularly with infants. We all agree on the crucial
 importance of visitation, however, the court does not require that it be the
 foster parent who provides transportation and monitoring, and alternative
 arrangements should be sought and explored. Visitation is often at distant
 geographical locations.
 - a. For licensed foster families, Human Service Aides and Visitation
 Centers provide some assistance; FFAs are expected to provide these supports, but there may be considerable variation.
- 2. <u>Lack of childcare for working foster caregivers</u>, with particular impact on ability to take children under age four.
- 3. <u>Dual Certification requirement</u>. Inability to step up to be a foster parent without being willing to adopt. Applicants must take on additional costs of, for example, fingerprints.
- 4. <u>Lack of immediate and ongoing support/assistance to caregivers for</u> children/youth with serious mental health needs.
- 5. <u>Lack of information about children in need of placement</u>. Care providers do not always receive critical information, such as case number, correct name, birth date, MediCal details. This creates placement instability, disruption and trauma for already traumatized children.
- 6. Children may arrive with no <u>clothing</u>, <u>clothing allowance</u>, <u>formula or diapers</u>.

 The costs can be prohibitive for some foster parents.
- 7. Children sometimes arrive with <u>medication</u> but <u>without an authorization</u> (PMA) for medication.
- 8. Foster care providers are not compensated if a child arrives after midnight, leading to unwillingness to accept infants after hours.

9. Negative press about child welfare in L.A. County has discouraged some potential foster parents.

Comprehensive, multi-pronged action is urgently needed.

The CWC and the YWC serve different populations of children and therefore present different problems, calling for specific and differential solutions. No single action can be a solution in itself, but a series of efforts and approaches based on a continuum of placement settings can vastly improve the current crisis of children and youth moving in and out of placement in L.A. County.

<u>Children's Welcome Center – recommendations.</u> The greater the number of foster homes, the fewer children will wait at the Welcome Center, so efforts should be directed at removing barriers to both recruitment and retention of foster caregivers.

- 1. *Certification*. Re-conceptualize certification as a stepwise process rather than a uniform requirement for dual certification. There is no evidence that dual certification has actually increased adoptions since it was implemented; rather, the decreased number of foster parents suggests that it may instead function as a deterrent to recruiting foster parents. There are people who may not qualify, or may not wish to adopt but who could be extremely effective in providing short-term foster care. Individuals who want to provide much-needed foster care to children who may be reunified with their families should not be prevented from applying for that role only. Foster parents who decide that they wish to adopt, perhaps because the child is not reunified after all, could then apply for the second certification.
- 2. **Recruitment of foster homes for very young children aged 0-5.** Focus recruitment efforts on this area of great need, so that young children experience as little traumatic change of environment as possible.
 - a. Provide vouchers for foster parents at the time the child is dropped off, redeemable at stores (i.e.: Target, Ralphs, etc.) around the county for diapers, formula, and other needs.
 - b. Provide resources for child care for foster parents who need it.

- 3. *Emergency care and foster care*. Conduct an analysis of the needed numbers of emergency shelter beds, treatment foster beds, and emergency foster beds, and develop a plan to actively recruit the appropriate numbers of each. Target foster parents willing to take children aged 0-5.
- 4. *Visitation.* Develop procedures for transportation and monitoring of visitation that removes some of the burden from foster parents. For example:
 - a. Hire additional T.A.s to transport children and monitor visits, or provide Human Service Aides (HSAs) and visitation centers like those provided for licensed foster families.
 - b. Require FFA social workers to provide transportation and monitor visitation.
 - c. Prioritize finding appropriate placements that are close to the child's family.
 - d. Provide transportation vouchers to parents and arrange locations that are easily accessible for foster caregivers.
- **5.** *Family Finding*. Family Finding technology is available; no positions should remain unfilled. Immediately hire sufficient staff, and in addition, if necessary, contract services, or develop a pool of volunteers such as CASA to <u>initiate Family Finding as soon as a child is detained</u>. Use emergency foster homes for children during this process.
- 5. Cost analysis. Conduct a cost analysis of the costs of the CWC, including costs of current staffing, construction and other requirements to become licensed, to determine if this is best use of funds in relation to the problem. Among additional costs to be considered are those for additional staff and educational services that would be essential if children are staying for periods of days.
- 6. Information at time of placement. Require that a packet arrive with each child, containing basic information such as name, date of birth, case number, CSW, CSW contact info for CSW and SCSW, MediCal card or information, and vouchers for formula, clothing and diapers.
- 7. **Recruitment campaign.** Develop a positive public relations campaign that encourages people to become foster parents. Increase person-to-person recruitment efforts.

8. License Children's Welcome Center as 72-hour emergency shelter and assessment to serve young children when placement is not immediately available. Assessment and placement (or treatment) plan should occur upon entry. 72-hour licensure should prevent the need to move children back and forth between regional offices and CWC.

<u>Youth Welcome Center – recommendations.</u>

The majority of youth (85%) at the Welcome Center are re-placements, and the majority of these (85%) are in need of mental health services and supports.

- 1. *Emergency Placements*. Develop, using resource-supported recruitment, a county-wide network of emergency placements with foster homes and group homes. Group homes, though not a good alternative for long-term placement, can provide care and structure in emergency situations, especially for hard-to-place youth who need more structure than a shelter such as the Youth Welcome Center can provide.
 - a. Provide mental health supports for youth that begin immediately upon entry into emergency care and continue after placement.
 - b. Provide financial support (payment) to emergency placements to keep beds available, even when empty.
 - c. Collaborate with emergency shelter foster and group homes to develop multidisciplinary crisis team to provide support for youth <u>and providers</u> upon entry.
 - Crisis team could consist representatives from education, mental health, DCFS and other agencies to assist in stabilization and create short-term and intermediate-term individualized plan.
 - ii. Team stays with youth from arrival at emergency shelter through transition to placement.
 - iii. Placement of high needs youth will require careful attention to and knowledge of emergency shelter placements and availability in addition to use of the placement search engine. A DCFS point person

can work with the team to make an effective match that is timesensitive (i.e., does the placement under consideration currently have too many severely acting out youth to accommodate another, despite a bed being available?)

- 2. *Timely Family Team Conferencing*. Initiate conference with appropriate family members or other individuals as soon as possible after entry into emergency care.
- 3. *Treatment foster care.* Develop a county-wide continuum of treatment foster homes and treatment group home placements to provide appropriate trauma-informed mental health interventions for youth.
- **4.** *Family Finding*. Family Finding technology is available; no available positions should be unfilled. Immediately hire sufficient staff, and in addition, if necessary, contract services, or develop a pool of volunteers such as CASA **to initiate Family Finding as soon as a youth is detained.**
- 5. Cost Analysis. Conduct a cost analysis of the current costs of the YWC, including costs of construction and other requirements to become licensed, to do a cost comparison between further institutionalizing the Youth Welcome Center, and other alternatives as outlined in this report. The analysis should also include consideration of costs associated with the added staff and educational services that licensure would require.
- 6. Develop a plan to close the Youth Welcome Center, with time frame. The Welcome Center is turning into a current-day version of MacLaren in which youth with serious emotional and interpersonal problems cycle in and out, receiving no treatment for their problems, experiencing disruption to education and other activities, remaining vulnerable to potential predators or other dangers, and continuing to feel increasingly isolated and alienated. We owe it to these youth to provide safety and protection, and to offer opportunities for positive development and well-being.

Conclusion. The Welcome Centers were a positive response to the problem of children and youth waiting in office buildings for placement, however, current entry and overstay data, as outlined in this report, suggest that serious problems continue and, in fact, are

increasing for many children in the period following a first detention or in need of replacement. These complex problems cannot be addressed through a single solution nor by a single agency, but rather with a comprehensive and system-wide plan that harnesses the resources of DCFS, Mental Health, LACOE, and other county departments to provide protection, safety, and enhance the well-being of children and youth, as called for by the Blue Ribbon Commission's when it recommended creation of the Office of Child Protection. Such a comprehensive plan will include more effective recruitment and support of relative placements, foster homes, emergency and shelter placements, enabling individualized assessment and placement that is developmentally appropriate and based on the child's needs.